## PART B - FEE(S) TRANSMITTAL

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51472 7590 09/29/2009  GARLICK HARRISON & MARKISON P.O. BOX 160727  AUSTIN, TX 78716-0727  Certification Under 37 C.F.R. §1.8 Date of Mailing or Transmission: 11-23-2009						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
I hereby certify that I have caused the the date indicated above to be transmit Filling System (EFS) in accordance with //Kathryn A. McCrossen/Kathryn A. McCrossen  APPLICATION NO. FILING DATE			that I have caused the doc	ument indicated herein on	Kathryn A. McCrossen (Depositor's name)						
						/Kathryn A. McCrossen/				(Signature)	
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			ATE FIRST NAMED INVE			NTOR ATTORNEY DOCKET NO.				CONFIRMATION NO.	
	10/668,527 09/23/2003									1885	
TTLE OF INVENTION			,								
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EXAMINER			ART UNIT	CLASS-SUBCLAS	SS						
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. Change of correspondence address or indication of "Fee Address" (37 :FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of or agents OR, alto (2) the name of a registered attorne	e firm (having as a gent) and the name eneys or agents. If	ent attorneys  1 Garlick Harrison & Markison  2 Shayne X. Short  2 mes of up to					
. ASSIGNEE NAME A	ND RESIDENCE	DATA TO	BE PRINTED ON	ГНЕ PATENT (print	or typ	e)					
PLEASE NOTE: Unl	less an assignee i h in 37 CFR 3.11.	identified Completio	below, no assignee n of this form is NO	data will appear on T a substitute for filir	the pa	ntent. If an assign	ee is ider	ntified	below, the do	cument has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Broadcom Corporation Irvine, California											
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a. Applicant claim  OTE: The Issue Fee and the rest as shown by the rest	d Publication Fee	(if required)	will not be accepted	b. Applicant is not defined anyone other.		-				R 1.27(g)(2). e assignee or other party in	
Authorized Signature /SXShort/ Reg. No. 45,105					Date 11-23-2009						
Typed or printed name Shayne X. Short, Ph.D. (Reg. No. 45,105)						Registration No. 45,105					
his collection of inform application. Confident	ation is required b	by 37 CFR 1 by 35 U.S.	.311. The information C. 122 and 37 CFR	on is required to obtain 1.14. This collection	in or r				is to file (and blete, including	by the USPTO to process) g gathering, preparing, and	

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